

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110520

Entity Name: ANAUXI GROUP, CORP.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

220 LAKEVIEW DRIVE
SUITE 111
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

220 LAKEVIEW DRIVE
SUITE 111
WESTON, FL 33326

New Mailing Address:

FEI Number: 26-1190735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE PAOLA, HUMBERTO
Address: 220 LAKEVIEW DRIVE SUITE 111
City-St-Zip: WESTON, FL 33326

Title: VPD () Delete
Name: DE PAOLA, GUSTAVO
Address: 220 LAKEVIEW DRIVE SUITE 111
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: DE PAOLA, CAYETANO
Address: 220 LAKEVIEW DRIVE SUITE 111
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: BARROETA, ANGELA
Address: 220 LAKEVIEW DRIVE SUITE 111
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUMBERTO DE PAOLA

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date